

### MEDICAL SURVEILLANCE QUESTIONNAIRE

## PRIVACY ACT STATEMENT

*"The authority for collecting this information is Section 19 of the Occupational Safety and Health Act and the Code of Federal Regulations (29 CFR 1950). This information will be used by the Occupational Health Physician, and/or such clinical staff as he may designate to help identify the causes of adverse health effects and for future epidemiology studies. Providing the information is voluntary; however, failure to provide the information could unnecessarily hamper the identification of potential health problems and preclude any redress of problems identified in the future."*

PART I - OCCUPATIONAL HISTORY	
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Instructions: Please complete the following work history in chronological order from your first job to the present, and list all part-time and full-time jobs you have held. Be as specific as possible; if you held more than one job with the same employer, list each title and activity. Use additional sheets as needed.

TODAY'S DATE	DATES		NO. HRS/WK	JOB TITLE AND WORK ACTIVITIES <i>(include employer if not Navy)</i>	POTENTIAL HAZARDS <i>(Be as specific as possible.)</i>	PROTECTIVE EQUIPMENT <i>(Respirator, ear plugs, protective clothing, etc.)</i>
	FROM	TO				

<b>PATIENT'S IDENTIFICATION</b> <i>(Use this space for Mechanical Imprint)</i>	<b>PATIENT'S NAME</b> <i>(Last, First, Middle initial)</i>				<b>SEX</b>
	<b>YEAR OF BIRTH</b>	<b>RELATIONSHIP TO SPONSOR</b>	<b>COMPONENT/STATUS</b>	<b>DEPART/SERVICE</b>	
	<b>SPONSOR'S NAME</b>				
	<b>SSN OR IDENTIFICATION NO.</b>			<b>ORGANIZATION</b>	

**PART II - HOBBIES AND ACTIVE SPORTS** *(which may involve hazards)**Include active sports, secondary jobs held, etc. - include activities such as painting, auto racing, scuba diving, etc.*

TODAY'S DATE	DATES		NO. HRS/WK	JOB TITLE AND WORK ACTIVITIES <i>(include employer if not Navy)</i>	POTENTIAL HAZARDS <i>(Be as specific as possible)</i>	PROTECTIVE EQUIPMENT <i>(Respirator, ear plugs, protective clothing, etc.)</i>
	FROM	TO				

**PART III - OTHER EXPOSURES AND WORK-RELATED EXPOSURES***Include information you feel may have been harmful to your health from neighborhood exposure to hazardous substances or family members working in a trade where hazardous substances could have been brought home, such as asbestos, lead, beryllium, vinyl chloride, etc..*

TODAY'S DATE	DATES		NO. HRS/WK	JOB TITLE AND WORK ACTIVITIES <i>(include employer if not Navy)</i>	POTENTIAL HAZARDS <i>(Be as specific as possible)</i>	PROTECTIVE EQUIPMENT <i>(Respirator, ear plugs, protective clothing, etc.)</i>
	FROM	TO				

**PART IV - MEDICAL DEPARTMENT DETERMINATIONS***Based on review of this surveillance questionnaire, and other pertinent data, placement in the following medical surveillance program(s) is indicated.*

DATE	PROGRAMS	SIGNATURE